

Date: [Date]

To: [School Name / Attendance Office]

Subject: Medical Absence Excuse

This letter is to certify that **[Student Name]** (Date of Birth: [DOB]) was seen at our office today, **[Date of Visit]**, for a scheduled well-child examination and routine physical.

The student is medically cleared to return to school on: **[Return Date]**.

Please excuse this absence for medical reasons. If you require further verification, please contact our office at [Phone Number].

Sincerely,

[Doctor/Provider Signature]

[Provider Printed Name]

[Clinic/Practice Name]